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Summary Proceedings

Health Information Infrastructure Board Meeting (HIIAB)

Alexis Hotel, Seattle

Thursday, September 22, 2005, 8:30 a.m. to 4:30 p.m.

Members Present

Wendy Carr, Thomas Fritz, Jeffrey Hummel, Hugh Maloney, Richard Onizuka, Gary Robinson, Marcus Pierson, Ed Singler, Alexis Wilson

HCA Board Staff and Consultant

Juan Alaniz, Ruth McIntosh and Dr. Bill Yasnoff

Board Members Not Present

V. Marc Droppert, James Hereford, and David Masuda,

Interested Parties Attending

Dr. Shakti Matta, Columbia Basin Health Association; Frank Westrum, Washington State Department of Health; Lance Heineccius, Puget Sound Health Alliance; Rick Rubin, OneHealthPort; Bob Perna, Washington State Medical Association; D.J. Wilson, Northwest Physicians Network; Nancy Fisher, Washington State Health Care Authority; Brian Peyton, Washington State Department of Health; Andy Fallot, Foundation for Healthcare Quality; Linda Blankenship, Community Health Plan of Washington; Phil Watkins, Multicare Health System; Dean Sittig, Kaiser Permanente; Jeanne Semure, Department of Social and Health Services; Pete Menzies, Washington State Senate; Tom Byron, Washington State Hospital Association; Stephanie Yurusin, Washington State Senate; Tom Jones, Community Choice Provider Network; Sandy Rominger, The Boeing Company; James Bowers, Northwest Hospital; Stephen Pence, Western State Hospital; Ben Lindekugel, Strategic Learning Resources, Inc.; Sarah Reynevelt, Washington State Senate; Bill Lober, University of Washington; Doug Mah, Department of Information Services; Jim King, Department of Labor and Industries; Linda Lekness, Foundation for Health Care Quality

Call to Order

The meeting was called to order at 9:40 a.m. by Acting Chair, Ed Singler.

Introduction of Board Members and Approval of 8/25/05 meeting summary

Board members introduced themselves to the public and interested parties. The Chair asked the public and interested parties to introduce themselves. The meeting summary (minutes) of August 25, 2005 were moved, seconded and adopted by the Board as submitted.

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Adoption of the agenda

All agenda items were adopted – however, Acting Chair, Ed Singler moved that the order of the agenda be redirected due to the session’s late start time and approved by the Board.

Reports and Assignments

Mr. Juan Alaniz, Project Manager, reviewed assignments due to the Board and also provided a progress report on some outstanding activities:

Values and Guiding Principles

Board members reviewed and discussed the draft “Values and Guiding Principles” document from the August 25, 2005 board meeting. The Board discussed and agreed on revisions which captured the core focus and priorities for the Board. Both the draft and the revised documents adopted by consensus by the Board are included as an attachment.

Progress Reports

- **Stakeholders Advisory Committee**

The list of potential candidates will be finalized by the end of September 2005, and candidate selection and appointments will be made by the end of October 2005.

- **Report: Assessment in Washington**

HCA staff is consulting with other entities and individuals to gather as much information, studies, assessments and other information to compile a baseline report on the status of HealthIT and EMR adoption in Washington State and in the country. Examples of such assessments included informal surveys conducted by the Washington State Medical Association, reports by national research entities, and private sector vendors among others.

The Board discussed the need to analyze what is currently available in HealthIT and EMR adoption and to refine the analysis and conclusions that can be adopted within the final report. The assessment will be accomplished by the beginning of next year but not included in the initial report of December 2005. Board members agreed and encouraged engaging and consulting with other entities on this issue. Alexis Wilson suggested contacting other organizations such as ONCHIT, Communication Network of Oregon, Quality and Research Transparencies, and Health Affairs.

- **Web Page**

As of September 19, 2005, Health Care Authority (HCA) fielded a HealthIT and EMR Project webpage <http://www.hca.wa.gov/hit/>. This web portal is intended to provide the public, stakeholders, consumers, Board and Committee Members, and other interested parties with access to information about activities related to the project; opportunities for involvement and engagement and ability to comment to the Board or HCA on any concerns or issues they may wish to address. The web page will be improved upon and HCA hopes to also include an educational component for consumers and providers later in the year.

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- **Schedule and Activity Timeline**

This item was deferred to the next Board meeting scheduled on October 27, 2005.

Examples of Washington State Activities

Four guest speakers provided a twenty minute summary of their organization's experiences and activities with health information technology and EMR adoption. Frank Westrum, CIO, Department of Health (DOH); Lance Heineccius, Puget Sound Health Alliance; Dr. Shakti Matta, Columbia Basin Health Association; and Rick Rubin, CEO, OneHealth Port. Presentation materials are on the [website](#).

Mr. Westrum provided background information of Department of Health and Public Health systems in Washington State and the major health technology systems for DOH. Mr. Westrum summarized major objectives and directions that DOH envisions towards integrating data systems as unified public health systems that can provide support to local health jurisdictions. He also mentioned that some development is under way to build systems independently to guarantee compatibility and that provide sound information management doctrine.

Mr. Lance Heineccius highlighted areas of focus for the Puget Sound Health Alliance with regard to Health IT and EHRs. He provided an overview of the Alliance that was incorporated in late 2004, a summary of their work on performance measurement, recent activities and areas of focus on health information technology, and anticipated electronic medical records support roles. He described quality improvement as the foundational strategy of the Alliance as well as sharing cost and quality improvement data in order to achieve performance improvement. The Alliance's key goals include continued improvement in the quality of care for consumers, contribute to improved health outcomes for the community, improve consumer's and provider's ability to become partners in managing health, and in ensuring collaborative decision making based on evidence intended to slow the rate of increase in health care expenditures in the Puget Sound region. He described the PSHA Quality Improvement process and four quality improvement teams' current activity. He mentioned the work and goals for performance measurement and how HealthIT will help meet those objectives. Mr. Heineccius concluded with a summary of current and developing partnerships within the region around outcome evidence for decision making, expected EMR support roles and potential collaborative work with the HIIAB.

Dr. Shakti Matta provided an overview of HealthIT activities and components of the EHR system that the community clinic, Columbian Basin Health Association is involved with. He described the modular approach for the electronic medical record that includes chart logic, practice management systems, laboratory information systems, document management systems, imaging systems, patient education, and one of the most recent accomplishments in pharmacy automation. Dr. Matta summarized the benefit factors, such as, accessibility to hospitals, remote location, tracking immunizations, patient safety, chronic disease management, compliance, and decision making. He discussed barriers to implementation such as

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cost factors and adoption strategies and how they were able to successfully overcome these. Several Board members extended plaudits to Dr. Matta for the clinic's accomplishments with HealthIT and EMR adoption and asked questions about strategy to deal with obstacles and getting buy-in and provider participation. Dr. Matta also described decision support tools for providers and consumers.

Mr. Rick Rubin provided an overview of OneHealthPort's health IT role and activities in the state by simplifying and protecting access to information. Mr. Rubin described how OneHealthPort uses secure portal technology to support and accelerate the exchange of business and clinical information within its trusted community. He described the functional aspects of the security service technology for multiple on line services "any time, anywhere" for claims, eligibility, referrals and clinical results. He provided a summary of usage and adoption and an assessment of market validation of their technology solutions and findings of an OneHealthPort subscriber survey. He described new directions for OneHealthPort to meet community shared health information needs involving clinical information exchange and the portal. He provided highlights of a survey conducted on behalf of the Health Foundation to assess clinical information sharing activities among leading organizations in the state and of convening a summit to determine if there was a desire for collaboration on clinical information sharing. Based on those findings, two solution development projects were implemented: standardized point of service access for medication history and a standardized point of service access for lab results. These initiatives are underway and will be implemented with participation expanded if the solutions meet the expressed needs. Mr. Rubin concluded with a brief description of activities in progress such as personal health records, common credentialing, secure e-mail, and electronic funds transfer.

Work Session: Review and Add to Framework/Draft Preliminary

- **Straw Draft: "What is the Problem?"**

A draft working document was prepared by Dr. Bill Yasnoff from the August 2005 session and provided to the Board for their review, discussion and final drafting at this work session. The Board discussed and by consensus made revisions or expanded on points contained in the draft.

- **Discussion "outline" and framework for the report**

Dr. Bill Yasnoff also facilitated the work session on the preliminary draft outline and framework for the interim report. He reviewed the process that he used to distill and group the outline based on the work products and discussions from the previous session.

Board members provided specific input and proposed changes to be incorporated into a final draft to be prepared by Dr. Yasnoff for the October work session. The final draft document is to be circulated to the Board for final review and discussion at the October 27, 2005 meeting.

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The Board agreed that the “outline framework” final draft copy would be prepared by October 10, 2005 by Dr. Bill Yasnoff with comments from the Board due back via email or hard copy to HCA staff by October 14, 2005. The revised final draft would be circulated by October 20, 2005 and made available for review and discussion at the October meeting and is include here as an enclosure.

Bill Yasnoff went on to facilitate identification of obstacles to implementation.

Obstacles for Implementation Identified by the Board:

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|--|---|
| 1. Financing / \$\$ | 21. Architectural uncertainty |
| 2. Changing technology | 22. Competing priorities |
| 3. Lack of consensus on need for action | 23. Legal obstacles (Stark etc.) |
| 4. Someone else should/will pay for it | 24. Upgrade path from existing systems/protecting prior investments |
| 5. Privacy/confidentiality | 25. Who pays for interfaces? |
| 6. Consumer indifferent | 26. First-mover disadvantage/free rider benefits |
| 7. HIPAA fears/misperceptions | 27. “Health system” not a system – doesn’t promote health (see #15) |
| 8. Potential economic downturn | 28. lack of obvious incremental steps/modular adoption |
| 9. Inertia – resistance to change | 29. “Lessons learned” difficult to access – need pilots |
| 10. Preference for competition over collaboration | 30. Inconsistent reward for efficiency |
| 11. Perceived fear of market share loss | 31. Reimbursement system based on episodic care for illness |
| 12. Confusion in EHR marketplace | 32. Inconsistent P4P |
| 13. High profile failures | 33. Never been done/fear of failure/risks too high |
| 14. Technology not ready | 34. Requires long-term sustained effort |
| 15. Misaligned incentives | 35. Not clear who’s responsible for doing this |
| 16. Lack of involvement of communities | |
| 17. Lack of standards/certification/interoperability | |
| 18. Few models of success | |
| 19. Reliable user identification | |
| 20. Matching patient records | |

Interested Party and Public Comment

Dean F. Sittig, Ph.D, Kaiser Permanente Corporation:

Dr. Sittig noted that Kaiser Permanente has a long and successful track record of using state of the art, clinical information and communication technologies in support of delivering the highest quality, yet affordable, healthcare to their members. Dr. Sittig endorsed the concept of Regional Health Information Organizations (RHIOs) for all citizens. He stated that these RHIOs can serve as enablers of electronic health information exchange and as an important component of a National Health Information

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Network (NHIN). Dr. Sittig provided the following observations and recommendations to the Board on standards, data aggregation, patient privacy and sharing of patient information:

Standards

“RHIO adherence to standards will be critical to national interoperability success. RHIOs should use standards that have already been identified by the federal government’s Consolidated Health Informatics (CHI) initiative and leverage other existing national standards that have been created by accredited standards development organizations and “vetted” by a wide cross-section of stakeholders.

Data Aggregation

The RHIO concept does not and should not require data to be held in aggregation across provider organizations without explicit patient-level, opt-in consent. Absent patient consent, security and confidentiality concerns are best served when clinical data is managed by those who have a direct relationship with the patient. RHIOs should serve as a mechanism to exchange relevant health information among authorized entities across the continuum of care, as needed and only in the interest of continuity of care, administrative efficiency, and public health. From a technical standpoint, this could be facilitated by means of a record locator service or other indexing schemes that maintain "pointers" to authorized fragments of an individual's medical record that are held by disparate providers.

RHIOs should refrain from actions that might create organizational or geographic limitations to additional health information sharing arrangements. For example, non-geographic communities of interest that represents populations defined by common values, needs, concerns or organizational affiliation.

Patient Privacy

A delicate balance needs to be found between a patient’s right to privacy protection and a need to coordinate quality medical care in a fragmented delivery system. It is entirely appropriate to impose security standards that ensure that protected health information is not accessed inappropriately. It is not appropriate to preclude access to and use of essential medical information needed to provide medically necessary care.

Sharing of patient information

Patient information should be shared among relevant entities only in the interest of continuity of care, administrative efficiency, and public health. It would be inappropriate for information accessible through a RHIO to be exploited (i.e. sold, transferred, used) for proprietary interest or commercial advantage without explicit, opt-in consent from each and every patient. Efforts by RHIOs to share patient information for research, quality improvement or public health surveillance should be governed by an appropriate oversight mechanism (e.g., something like an Institutional Review Board that reviews all clinical research projects to ensure that all research is ethical and that the rights and safety of all study participants are protected to the best of the investigators’ ability) that is consistent with consumer interest.

A sustainable economic model is needed for the ongoing operations of a health data exchange network. A usage or transaction-based economic model represents an

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equitable arrangement under which participants are charged according to the benefit they derive from the RHIO.

RHIOs should be available to all willing providers and practitioners within the defined geographic region with transparent and open governance.”

Tom Byron, Washington State Hospital Association:

Mr. Bryon addressed potential liability issues of concern and reiterated a previous concern expressed at the last Board work session. Liability of using information that did not come from your organization and the different types of liability associated with the numbers of people and entities that interface with physicians. Mr. Byron also noted a typographical error in the meeting summary approved by the Board to which Juan Alaniz responded that he would follow up and amend.

Board Response to Mr. Byron:

A Board respondent pointed out that there was a provision and category for that concern within the guiding principles. This issue would also receive further deliberation and consideration.

Sandy Rominger, Boeing Company:

Ms. Rominger noted that she agreed with the deliberations of the Board about getting data not being the key problem. Delivery of the data in the right way, in the right form, to the right person is the real hurdle. Using the fire hose approach to delivery of data is not the answer. Boeing has been in a unique position where their experience in developing systems for customers has resulted in a “user centered approach” to developing solutions. Ms. Rominger encouraged the Board to apply her industry’s experience and “user centered approach” to ensure that information provided is what is needed when they need it

Adjournment

With no further business and with assignments confirmed by Juan Alaniz, the Board was adjourned by the Acting Chair, Ed Singler at 4:15 P.M. The next meeting will be held at the Radisson Hotel in Seattle on October 27, 2005.